



Arkansas Department of Education
Individual Teacher Plan to become Highly Qualified
(One subject or area per form)

Teacher Name _____ Date _____

School _____ School District _____

I, _____ intend to establish Highly Qualified Teacher status in the following area.
(Teacher's name)

Choose level of HQT status sought.

- ☐ Early Childhood/Elementary-K-6
- ☐ Middle Childhood/Grades 4-8
- ☐ Secondary/Grades 7-12

If applicable choose the subject area.

- ☐ English
- ☐ Reading or Language Arts
- ☐ Mathematics
- ☐ Science
- ☐ Art
- ☐ Social Studies
- ☐ Music
- ☐ Foreign Lang. (Specify: _____)

The following program of study and/or testing has been identified as meeting the requirements for becoming highly qualified.

Program of Study

<u>Coursework</u>	<u>Date or Semester</u>

Testing

<u>Praxis II Content Knowledge Exam</u>	<u>Date to be taken</u>

Other

Teacher's signature

Date

School or District Administrator's name

School or District Administrator's signature

Date